# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guid	e explains how to complete this form.	2 Total pages filed:
3 COMMITTEE NAME	0 1 0 1 0 1	OFFICE USE ONLY
Arlington Pr	ofessional Firefighters 5-PAC	Date Received
4 COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  308 S. Fielder Rd.  Arlington, TX. 76013	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS/MRS MRD FIRST MI  Kenneth R Fulton  NICKNAME LAST SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE;  208 5. Fielder Rd.  Arling ton, TX 76013	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE;  208 S. Fielder Rd.  Arlington, TX. 76013	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (214) 507-8110	
9 REPORT TYPE	January 15  July 15  Sth day before election  Runoff	Exceeded \$500 limit Dissolution (Attach PAC-DR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year  OI/OI/2017 THROUGH	Month Day Year 03/27/2017
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  O5/06/2017 General Special	y Election
	GO TO PAGE 2	

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Arlington	Professiona	l Firefighters 5-PA	) (Ethics Commission Filers)		
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE				
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)			
OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION/# ELECTION I	DATE		
		Month Day	Year		
ASSIST	MEASURE	05/06/	2017		
(Officeholder)		Proposition#2 Firefigh	ter civil servi		
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 71,750.4				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICA	\$ 80,335.26			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTI	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY NG PERIOD	\$ 61,577.55		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE EREPORTING PERIOD	\$ 50,000.00		
16 AFFIDAVIT					
DELORES J COOK My Commission Expires August 3, 2018  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Campaign Treasurer					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Kenneth R. Futton , this the 5th day of April , 20 7 , to certify which, witness my hand and seal of office.					
Telan Cook Deloves T. Cook water administrative and.  Signature of officer administering oath Printed name of officer administering oath  The of officer administering oath					

## **SUBTOTALS-SPAC**

## FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME  18 Filer ID (Ethics Cor	nmission Filers)
H	lington Professional Firefighter 5-PAC	
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 91,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	SCHEDULE E: LOANS	\$ 50,000.00
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 50,335.26
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1/6/17 Arlington Professional Fire Fighter PAK \$50,000.00 208 S. Fielder Allington, TX 76013 8 Principal occupation / Job title (See Instructions) N/A N/A N/A Amount of contribution (\$) 2/9/17 Allington Professional Fire fighter PAC \$ 20,000.00 Principal occupation / Job title (See Instructions) NIA Employer (See Instructions) NIA 3/3/17 Arlington Professional Fire fighter PAK. \$20,000.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) N/A Employer (See Instructions) N/A Amount of contribution (\$) 3/21/17 Contributor address; City: State: Zip Code 6014 Ayers Corpus Christi, TX 78415

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

NIA

NIA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction quide for additional reporting requirements.

## **LOANS**

## SCHEDULE E

_							
	The	1 Total pages Schedule E:					
-	FILER NAME	2 0		3 Filer ID (Ethics Commission Filers)			
A	telington	Professional Firefigi	liter 5-PAC				
4	TOTAL OF UN	IITEMIZED LOANS		\$ 50,000.00			
5	Date of loan	7 Name of lender  ut-of-state P		9 Loan Amount (\$)			
	3/22/17	International Association	nof Five fighters	\$50,000.00			
6	ls lender a financial	6.50	State; Zip Code	10 Interest rate			
	Institution?	1750 NEW YORK AVE		0/0			
	Y (N)	washington, D.C. o	20006-5795	11 Maturity date 3/22/20			
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
		N/A	NIA				
14	Description of Colla	ateral	15 Check if personal funds were (See Instructions)	deposited into political account			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
		18 Guarantor address; City; S	State; Zip Code				
		To Guarantor address, Gity, 3	state, Zip Code				
	not applicable						
20 Principal Occupation (See Instructions)  21 Employer (See Instructions)							
	Date of loan	Name of lender	DAC (ID#-	Loan Amount (\$)			
			AC (ID#)				
	ls lender a financial	Lender address; City; S	State; Zip Code	Interest rate			
	Institution?			Metroitradete			
	Y N			Maturity date			
_	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
	i mopai oosapaac	ni / ooo uuc (oee mauddona)	Employer (dee mandenons)				
Description of Collateral Check if personal funds were deposited into political account							
(See Instructions)							
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
not applicable							
	Principal Occupation	on (See Instructions)	Employer (See Instructions)				
	• 333						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	, , , , , , , , , , , , , , , , , , , ,		vel Out Of District er (enter a category not listed above)	
Cleut Gald Fayinesi.	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	Arlington Professional	Fire fighter 5-Pas F	Filer ID (Ethics Commission Filers)	
4 Date /10/17	5 Payee name Murphy Nasica			
6 Amount (\$)	7 Payee address; / City; State; Zip Co	de		
\$487.35	815-A Brazos ST.	Austin, TX 78	701	
8	(a) Category (See Categories listed at the top of this schedul	(b) Description		
PURPOSE OF			f Texas. Complete Schedule T.	
EXPENDITURE	Consulting Expens	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1/18/17				
710117	MWPhy Nasica Payee address; City; State; Zip Co.			
Amount (\$)	Payee address; City; State; Zip Co	de		
#422.18	815-A BIAZOS ST.	Austin, TX 78	701	
	Category (See Categories listed at the top of this schedule	Description		
PURPOSE OF			Texas. Complete Schedule T.	
EXPENDITURE	consulting Expense	Check if Austin, TX, o	fficeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
oxponditure to besient dyon	•			
Date	Payee name			
1/23/17	14 0/ 11 11			
123111	Murphy Nasica			
Amount (\$)	Payee address; City; State; Zip Cod	de		
\$ 3,956.52	815-A Brazos 57	- Austin, TX	78701	
	Category (See Categories listed at the top of this schedule	) Description		
PURPOSE			Texas. Complete Schedule T.	
OF EXPENDITURE	Consulting Expens	Check if Austin, TX, o	fficeholder living expense	
	Expens	6		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH			Office field	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	Vages/Contract Labor Other (enter a category not listed above)				
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Allington Professional Five 5 Payee Name	Sighter 5-PA 3 Filer ID (Ethics Commission Filers)				
4 Date 2/3/17	Maxim	,				
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$ 891.45	770 North Beach F	T. Worth, TX. 76111				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
2/7/17	Murphy Nasica Payee address; City; State; Zip Code					
Amount (\$)	Payee address; City; State; Zip Code					
#272.40	815-A Brazos 57	Austin, TX. 78701				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	24 20	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	consulting Fee	L Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
2/13/17	Murphy Nasica					
Amount (\$)	Payee address; City; State; Zip Code					
\$3,983.00		. Austin, TX. 78701				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Consulting Fee	L Check if Austin, TX, officeholder living expense				
Complete Office in		055				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gill/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made E Candidate/Officeholder/Politics		the state of the s	ense	Travel Out Of District	
Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
		nde explains now to co	mplete this form.		
1 Total pages Schedule F1:	Arlington Profes	Signal Firef	chter 5-PA	3 Filer ID (Ethics Commission Filers)	
4 Date 2 / /	E Payron namo		740		
7/8/17	Murphy 7 Payee address; City;	Wasiro			
6 Amount (\$)	7 Payee address; City:	State: Zip Code			
4					
410,058.25	815-A Bu	azos st.	Austin,	Tx. 78701	
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
PURPOSE			Check if travel outs	ide of Texas. Complete Schedule T.	
OF EXPENDITURE	(	CVD- 50	Check if Austin,	TX, officeholder living expense	
	consulting ,	Expense			
9 Complete ONLY if direct	Candidate / Officeholder na	me	Office sought	Office held	
expenditure to benefit C/OI	ŧ				
Date	Payee name				
	w yet - waterplante contains				
3/13/17	Murphy N	Jasica			
Amount (\$)	Payee address; City;	State; Zip Code			
#_			4 1 .		
#2,000,00	815-A Bra	2205 ST	. Austin	,7278701	
	Category (See Categories listed at t	he top of this schedule)	Description		
PURPOSE			Check if travel outsi	de of Texas. Complete Schedule T.	
OF EXPENDITURE	111	c 0	Check if Austin, 7	TX, officeholder living expense	
	Lonsulting	Expense			
Complete ONLY if direct	Candidate / Officeholder nar	ne	Office sought	Office held	
expenditure to benefit C/OH	į.				
-					
Date	Payee name				
3/4/-	11 06 1	) '			
3/16/17	Murphy N	asica			
Amount (\$)	Payee address; City;	State; Zip Code			
H	a		1 1:		
\$12,459.83	815-A Bro	2205 St	Hustin	1TX 78701	
	Category (See Categories listed at the	he top of this schedule)	Description	. 0 , 0 1	
				de of Texas. Complete Schedule T.	
PURPOSE	4.0			TX, officeholder living expense	
EXPENDITURE	Lonsulting	FXDPMSO	Check a Ausen, i	A, uncendider avaig expense	
		-1 000	+		
Complete ONLY if direct	Candidate / Officeholder na	me I	Office sevels	000	
expenditure to benefit C/OH		ine	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Lenal Sarvices Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salari	es/Wages/Contract Labor Other (enter a category not listed above)				
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	Arlington Professional Fi	R Fighter 5-PAC 3 Filer ID (Ethics Commission Filers)				
3/3/17	7 Payee address; City; State; Zip Cod	2				
6 Amount (\$)	The transfer of the second sec					
	815-A Brazos:	ST. Austin, Tx. 78701				
8	(a) Category (See Categories listed at the top of this schedule)					
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Consulting Expense	Check if Austin, TX, afficeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
3/6/17	Murphy Nasiza					
Amount (\$)	Payee address; City; State; Zip Cod					
# 487,35	815-A Brazos.	ST. Austin, TX 78701				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Consulting Expens	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
3/8/17	Murphy Nasica					
Amount (\$)	Payee address; City; State; Zip Code	2				
\$1,500,00	815-A Brazos.	st. Austin, TX 78701				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Lonsulting Expense	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	,	Legal Service	iemonais Expense is	Printing Ex Salaries/W	pense 'ages/Contract Labo	Travel Out Of Other (enter a	District category not listed above)
Cidul Calul ayrinin		The Instru	ction Guide expla	ins how to c	omplete this for	m.	
1 Total pages Schedule F1:	1011	1 0	ofessional	Firet	Sightar 3		Ethics Commission Filers)
4 Date 3/27/17	5 Payee no	weph	y Nas, City; State;	La			
6 Amount (\$)	7 Payee a	ddress;	City; State;	Zip Code			
\$ 198.75	813	T- A	Braze	55 5	T. A.	ustin, 7	78701
8	(a) Category	/ (See Categorie	s listed at the top of this	schedule)	(b) Descriptio	n	
PURPOSE						travel outside of Texas. Com	
EXPENDITURE	Lon	Sult,	ing Fel	2	L Gheck	if Austin, TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/OI		late / Officeho	older name		Office souç	ght	Office held
Date	Payee na	ime					
Amount (\$)	Payee ad	ddress;	City; State;	Zip Code			
	Category	(See Categorie	s listed at the top of this	schedule)	Description		
PURPOSE OF						travel outside of Texas. Com f Austin, TX, officeholder	
EXPENDITURE							
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeho	older name		Office soug	ght	Office held
Date	Payee na	ame		A Service of the Control of the Cont			
Amount (\$)	Payee ac	ldress;	City; State;	Zip Code			
	Category	(See Categorie	s listed at the top of this	schedule)	Description		
PURPOSE OF						travel outside of Texas. Com f Austin, TX, officeholder	**************************************
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					*		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeh	older name		Office sou	ght	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							